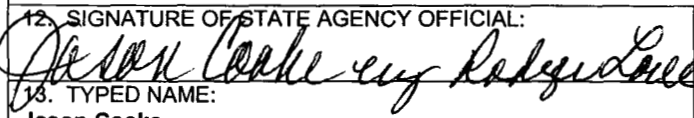



|  |  |   |                        |
|--|--|---|------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF<br>STATE PLAN MATERIAL<br>FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 1. TRANSMITTAL NUMBER:<br><br>03-21   | 2. STATE:<br><br>TEXAS |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                        |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE:<br>September 1, 2003  |                        |
| 5. TYPE OF PLAN MATERIAL (Circle One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT  |  |   |                        |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |   |                        |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><br>42 CFR §440.225 Optional Services   |  | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT<br>a. FFY 04 \$ (32,858,533)<br>b. FFY 05 \$ (32,869,450)                          |                        |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>SEE ATTACHMENT  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>SEE ATTACHMENT                          |                        |
| 10. SUBJECT OF AMENDMENT:<br>An amendment to the state plan for the Texas Medicaid program is necessary because of a lack of available appropriated funds in the General Appropriations Act of the 78 <sup>th</sup> Legislature to continue certain services for Medicaid recipients who are 21 years of age and older and for persons under the age of 21 years who are not eligible for the EPSDT program. |  |   |                        |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Sent to Governor's Office this date. Comments, if any, will<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      be forwarded upon receipt.  |  |   |                        |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br>Jason Cooke<br>State Medicaid/CHIP Director<br>Post Office Box 13247<br>Austin, Texas 78711               |                        |
| 13. TYPED NAME:<br>Jason Cooke   |  |   |                        |
| 14. TITLE:<br>State Medicaid/CHIP Director   |  |   |                        |
| 15. DATE SUBMITTED:<br>September 24, 2003  |  |   |                        |
| FOR REGIONAL OFFICE USE ONLY   |  |   |                        |
| 17. DATE RECEIVED: 24 SEPTEMBER 2003   |  | 18. DATE APPROVED: 17 DECEMBER 2003   |                        |
| PLAN APPROVED - ONE COPY ATTACHED  |  |   |                        |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>1 SEPTEMBER 2003   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |                        |
| 21. TYPED NAME:<br>ANDREW A. FREDRICKSON   |  | 22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR<br>DIV OF MEDICAID & CHILDREN'S HEALTH  |                        |
| 23. REMARKS:   |  |   |                        |

**Attachment to Block 8 and 9 to HCFA Form 179**

**Transmittal No. TN 03-21, Amendment No. 656**

**Number of the  
Plan Section or Attachment**

**Number of the Superseded  
Plan Section or Attachment**

Attachment 3.1-A

Page 2

Page 3

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Attachment 3.1-A

Page 2 (TN 93-18)

Page 3 (TN 93-12)

Page 5 (TN 99-09)

Appendix 1 to Attachment 3.1-A

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Page 11 (TN 95-31)

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Page 13 (TN 90-5)

Page 13c (TN 00-02)

Page 13d (TN 00-02)

Page 26 (TN 96-17)

Page 27 (TN 88-21)

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Attachment 3.1-B

Page 3 (TN 92-18)

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Appendix 1 to Attachment 3.1-B

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Appendix 1 to Attachment 3.1-B

Page 10 (TN 88-21)

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Page 12 (TN 91-33)

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Page 13d (TN 00-02)

Page 26 (TN 96-17)

Page 27 (TN 88-21)

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

ATTACHMENT 3.1-A  
Page 2  
OMB No.: 0938-

State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:    No limitations   X   With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:    No limitations   X   With limitations\*
- 5.a. Physicians services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:    No limitations   X   With limitations\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:    No limitations   X   With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided:    No limitations   X   With limitations\*  
   Not provided.

\* Description provided on attachment.

SUPERSEDES TN- 93-18

|            |                 |
|------------|-----------------|
| STATE      | <u>Texas</u>    |
| DATE REC'D | <u>9-24-03</u>  |
| DATE APP'D | <u>12-17-03</u> |
| DATE EFF   | <u>9-1-03</u>   |
| HCFA 179   | <u>03-21</u>    |

A

TN No. 03-21  
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TN No. 93-18

Approval Date 12/17/03 Effective Date 9-1-03

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 3.1-A  
Page 3  
OMB No.: 0938-

State: Texas

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ / Provided: // No limitations ☒ / With limitations\*  
// Not provided.

c. Chiropractors' services.

☒ / Provided // No limitations ☒ / With limitations\*  
// Not provided.

d. Other practitioners' services.

☒ / Provided Identified on attached sheet with description of limitations, if any.  
// Not provided

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: // No limitations ☒ / With limitations\*

b. Home health aide services provided by a home health agency.

Provided: // No limitations ☒ / With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: // No limitations ☒ / With limitations\*

\*Description provided on attachment.

SUPERSEDES TN 93-12

|            |                 |
|------------|-----------------|
| STATE      | <u>Texas</u>    |
| DATE RECD  | <u>9-24-03</u>  |
| DATE APP'D | <u>12-17-03</u> |
| DATE EFF   | <u>9-1-03</u>   |
| HCFA 179   | <u>03-21</u>    |

A

TN No. 03-21  
Supersedes  
TN No. 93-12

Approval Date 12/17/03 Effective Date 9-1-03

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

ATTACHMENT 3.1-A  
Page 5  
OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

|     |               |    |                |    |                   |
|-----|---------------|----|----------------|----|-------------------|
| /X/ | Provided:     | // | No limitations | X/ | With limitations* |
| //  | Not provided. |    |                |    |                   |

b. Dentures.

|     |               |    |                |    |                   |
|-----|---------------|----|----------------|----|-------------------|
| //  | Provided:     | // | No limitations | // | With limitations* |
| /X/ | Not provided. |    |                |    |                   |

c. Prosthetic devices.

|     |               |    |                |     |                   |
|-----|---------------|----|----------------|-----|-------------------|
| /X/ | Provided:     | // | No limitations | X// | With limitations* |
| //  | Not provided. |    |                |     |                   |

d. Eyeglasses.

|     |               |    |                |     |                   |
|-----|---------------|----|----------------|-----|-------------------|
| /X/ | Provided:     | // | No limitations | /X/ | With limitations* |
| //  | Not provided. |    |                |     |                   |

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

|     |               |    |                |    |                   |
|-----|---------------|----|----------------|----|-------------------|
| //  | Provided:     | // | No limitations | // | With limitations* |
| /X/ | Not provided. |    |                |    |                   |

\*Description provided on attachment.

SUPERSEDES TN 99-09

|            |                 |
|------------|-----------------|
| STATE      | <u>Texas</u>    |
| DATE REC'D | <u>9-24-03</u>  |
| DATE APP'D | <u>12-17-03</u> |
| DATE EFF   | <u>9-1-03</u>   |
| HCFA 179   | <u>03-21</u>    |

A

TN No. 03-21  
Supersedes  
TN No. 99-09

Approval Date 12/17/03 Effective Date 9/1/03

## 6.a. Podiatrists' Services

Provided with limitations. Services provided by a licensed podiatrist are available only to EPSDT eligible recipients under the age of 21 years. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

SUPERSEDES TN- 88-21

|            |                 |
|------------|-----------------|
| STATE      | <u>Texas</u>    |
| DATE REG'D | <u>9-24-03</u>  |
| DATE APP'D | <u>12-17-03</u> |
| DATE EFF.  | <u>9-1-03</u>   |
| HCPA 179   | <u>03-21</u>    |

A

TN No. 03-21  
Supersedes  
TN No. 88-21Approval Date 12/17/03 Effective Date 9-1-03

## 6.b. Optometric Services

Eligible medical assistance recipients covered under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program receive optometric and eyeglasses services through the EPSDT program as described elsewhere in this State Plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. Eligible medical assistance recipients not eligible for the EPSDT program will be entitled to optometric services as described below and elsewhere in this State Plan, when provided by a physician or optometrist enrolled in the Texas Medical Assistance Program at the time the service(s) is provided.

Optometric services are limited to eye examinations only. Each eligible recipient, other than EPSDT recipients, is entitled to one eye exam by refraction every two state fiscal year period (a 24 consecutive months biennial period from September 1 through August 31), whether performed by a Doctor of Optometry or a physician (M.D. or D.O.). Except for EPSDT recipients, payment will not be made by the Texas Medical Assistance Program for more than one eye examination with refraction per recipient, per every two state fiscal year (24 months) period. This limit applies only to determinations of visual acuity, not to other diagnostic services or to treatment of the eye for medical conditions. Diagnostic and treatment services provided by an optometrist are covered by the Texas Medical Assistance Program if the services are (1) within the optometrist's scope of practice, as defined by state law, and (2) reasonable and medically necessary as determined by the single state agency or its designee. Other diagnostic and treatment services provided by a physician are described elsewhere in this State Plan.

Optometric services provided in skilled or intermediate care facilities are reimbursable by the program if the recipient's attending physician has ordered the service(s) and the order is included in the recipient's medical records at the nursing facility.

SUPERSEDES TN 95-31

|            |                 |
|------------|-----------------|
| STATE      | <u>Texas</u>    |
| DATE REC'D | <u>9-24-03</u>  |
| DATE APP'D | <u>12-17-03</u> |
| DATE EFF   | <u>9-1-03</u>   |
| NOTA 179   | <u>03-21</u>    |

A

TN No. 03-21  
Supersedes  
TN No. 95-31

Approval Date 12/17/03 Effective Date 9-1-03

6.c. Chiropractic Services.

Chiropractic services are available only to EPSDT eligible recipients under the age of 21 years. Coverage of chiropractic services is limited to services that consist of necessary treatment or correction by means of manual manipulation of the spine, by use of hands only, to correct a subluxation demonstrated by x-ray to exist. The x-ray must be done prior to such treatment. The chiropractor must be licensed to practice when and where the services are performed and must meet the uniform minimum standards promulgated by the Secretary of the Department of Health and Human Services under Title XVIII of the Social Security Act.

Coverage for such treatment is limited to no more than 12 visits per recipient per 12 consecutive month period. A 12 consecutive month period begins with the first month in which services are provided\*

Documenting x-rays will be kept on file and are subject to utilization review and audit procedures. Coverage of chiropractic services will be determined by the single state agency or its designated agent in accordance with the regulations, rules and procedures governing chiropractic services under Part B of Title XVIII of the Social Security Act. Coverage does not extend to the diagnostic, therapeutic services of adjunctive therapies furnished by a chiropractor or by others under his or her orders or direction. This exclusion applies to the x-ray taken for the purpose of determining the existence of a subluxation of the spine. Additionally, braces or supports, even though ordered by an M.D. or D.O. and supplied by a chiropractor, are not reimbursable items.

SUPERSEDES TN 91-33

|               |                 |
|---------------|-----------------|
| STATE         | <u>Texas</u>    |
| DATE REQ'D    | <u>9-21-03</u>  |
| DATE APPROV'D | <u>12-17-03</u> |
| DATE EFF.     | <u>9-1-03</u>   |
| APR 179       | <u>03-21</u>    |

A

TN No. 03-21  
Supersedes  
TN No. 91-33

Approval Date 12/17/03 Effective Date 9-1-03



## 6.d. Other Practitioner's Services

Audiologists' Services. Audiologists' services for the provision of hearing aids only. See item 12.c.

## 6.e. Psychologists' Services. Services provided by a licensed psychologist are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

Psychological counseling and services provided by a licensed psychologist are covered if the services (1) are within the psychologist's scope of practice, as defined by state law; and (2) would be covered by the Texas Medical Assistance Program when they are provided by a licensed physician (M.D. or D.O.).

Psychologists' services must be provided by a licensed psychologist enrolled in and approved for participation in the Texas Medical Assistance Program. A psychologist is defined as a person who is licensed to practice as a psychologist in the state in which the service is performed.

Services performed by a psychological assistant or associate are not benefits of the Texas Medical Assistance Program.

Licensed psychologists who are employed by or remunerated by a physician, hospital, facility, or other provider may not bill the Texas Medical Assistance Program directly for psychologists' services if that billing would result in duplicate payment for the same services. If the services are covered and reimbursable by the program, payment may be made to the physician, hospital, or other provider (if approved for participation in the Texas Medical Assistance Program) who employs or reimburses the licensed psychologist. The basis and amount of Medicaid reimbursement depends on the services actually provided, who provided the services, and the reimbursement methodology utilized by the Texas Medical Assistance Program as appropriate for the services and provider(s) involved.

SUPERSEDES TN 90-05

|             |          |
|-------------|----------|
| STATE       | Texas    |
| DATE DECID  | 9-24-03  |
| DATE ADAPTD | 12-17-03 |
| DATE EFF    | 9-1-03   |
| REPLACES    | 03-21    |

TN No. 03-21  
Supersedes  
TN No. 90-05

Approval Date 12/17/03 Effective Date 9-1-03

- 6.d.(5) Licensed Master Social Worker-Advanced Clinical Practitioner (LMSW-ACP) Services. Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed master social worker-advanced clinical practitioner (LMSW-ACP) are covered services. Services provided by an LMSW-ACP are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program, LMSW-ACPs must be licensed as a master social worker and be recognized as being qualified for the practice of clinical social work by the Texas State Board of Social Worker Examiners. These providers must comply with all federal and state laws and regulations governing the services provided.

Participating LMSW-ACPs must be enrolled in Medicare and in the Texas Medical Assistance Program and comply with all of the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

LMSW-ACPs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in the duplicate payment for the same services.

- 6.d.(6) Licensed Professional Counselor (LPC). Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed professional counselor (LPC) are covered services. Services provided by an LPC are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program, LPCs must be licensed by the Texas Board of Examiners of Professional Counselors in accordance with the Texas Licensed Professional Counselor Act. These providers must comply with all federal and state laws and regulations governing the service provided. Participating LPCs must be enrolled in the Texas Medical Assistance Program and comply with all the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

SUPERSEDES TN 00-02

|            |          |
|------------|----------|
| STATE      | Texas    |
| DATE REC'D | 9-24-03  |
| DATE APP'D | 12-17-03 |
| DATE EFF   | 9-1-03   |
| BOOK 179   | 03-21    |

A

TN No. 03-21  
Supersedes  
TN No. 00-02

Approval Date 12/17/03 Effective Date 9-1-03

## 6.d. (6) Continued.

LPCs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in duplicate payment for the same services.

- 6.d. (7) Licensed Marriage and Family Therapist (LMFT). Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed marriage and family therapist (LMFT) are covered services. Services provided by an LMFT are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program. LMFTs must be licensed by the Texas Board of Examiners of Marriage and Family Therapists in accordance with the Texas Licensed Marriage and Family Therapist Act. These providers must comply with all federal and state laws and regulations governing the service provided.

Participating LMFTs must be enrolled in the Texas Medical Assistance Program and comply with all the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

LMFTs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in duplicate payment for the same services.

SUPERSEDES TN 00-02

|               |                 |
|---------------|-----------------|
| STATE         | <u>Texas</u>    |
| DATE REC'D    | <u>9-24-03</u>  |
| DATE APPROV'D | <u>12-17-03</u> |
| DATE EFF      | <u>9-1-03</u>   |
| HCHA 179      | <u>03-21</u>    |

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TN No. 03-21

Supersedes

TN No. 00-02

Approval Date 12/17/03 Effective Date 9-1-03